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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Arnold P. Nerenberg

Group Art Unit: 1623

Serial No.: 10/748,615

Examiner: McIntosh III, Traviss C.

Filed: 12/30/2003

Docket No.: NERE-3815

Title: **NUTRITIONAL SUPPLEMENT FOR ENHANCING THE PRODUCTION AND EFFECT OF NATURAL HUMAN GROWTH HORMONE**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)**

Dear Sir:

This is a Petition to Make Special the above identified patent application. The basis for this petition is that the applicant is over sixty-five years of age.

In accordance with MPEP 708.02(c)(1), a certified copy of applicant's birth certificate is attached.

In view of the above, applicant requests that this Petition to Make Special be granted and the examination of the application be advanced.

Date: 06/01/2006

Jack P. Friedman  
Jack P. Friedman  
Registration No. 44,688

SCHMEISER, OLSEN & WATTS  
22 Century Hill Drive - Suite 302  
Latham, New York 12110  
(518) 220-1850

Date

MAR 30 1976

DEPARTMENT OF HEALTH  
BOROUGH OF BRONX

## Certificate of Birth

5309

FILED  
1941 MAY 20 AM 9 35

Certificate No.

Full name of child (PRINT)

Chloe Sherman NERENBERG

1. Sex <u>Female</u>	2. Color or race <u>White</u>	3. Number of children born to this woman <u>1</u> If more than one, number of this child in order of birth	4. Date of birth (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1941</u> 6. Hour <u>5:06</u> AM
5. PLACE OF BIRTH (a) NEW YORK CITY (b) Borough <u>Bronx</u> (c) Name of Hospital or Institution <u>Highland Hospital</u> (If not in hospital, institution, give street and number) (d) Length of mother's stay at place of birth immediately prior to birth of child <u>9 hours</u> <u>6 minutes</u>			7. USUAL RESIDENCE OF MOTHER (a) State <u>New York</u> (b) City <u>Bronx</u> (c) Town <u>New York</u> (d) Name of Home <u>Home</u> (e) Length of residence at above New York City immediately prior to birth of child <u>1 1/2 years</u>
8. Full name of father <u>Samuel Nerenberg</u>		9. Full maiden name of mother <u>Anne Singer</u>	
10. Color or race <u>White</u>	11. Age at time of birth <u>21</u> (years)	12. Color or race <u>White</u>	13. Age at time of birth <u>19</u> (years)
14. Birthplace (city or place and State or country) <u>United States</u>		15. Birthplace (city or place and State or country) <u>Czechoslovakia</u>	
16. Trade, profession, or particular kind of work done, as housekeeper, lawyer, bookkeeper, etc. <u>Pressman</u>		17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
18. Industry or business in which work was done, as own home, sawmill, bank, etc. <u>Factory</u>		19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
20. Total number of children BORN ALIVE PREVIOUS to this pregnancy <u>0</u>		21. Number of children born PREVIOUS to this pregnancy and NOW LIVING <u>0</u>	

I hereby certify that I attended professionally at the birth of this child, who was born alive at the hour and on the date stated above, and that all facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

Given name added from MAY 23 1941  
F. S. Williams M.D. opk  
Assistant RegistrarSigned Shelton M. O'D. M.D.  
Address Highland Hospital  
Date of Report 5/18/41

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

J. J. McLean

CITY REGISTRAR

The Department of Health does not certify to the truth of the statements made thereon, as so far as to that fact has been provided for.

BEST AVAILABLE COPY